

Quarterly Progress Report
Local Government Projects
Governor's Office for Local Development

Project ID # _____

HB# _____

Type of Award

Please check one of the following (double-click on box to check):

- | | |
|---|--|
| <input type="checkbox"/> Local Government Economic Development Fund (LGEDF)-Line-item | <input type="checkbox"/> LGEDF Grant |
| <input type="checkbox"/> Community Economic Growth Grant (CEGG) | <input type="checkbox"/> Other Line-item Projects
(general fund, capital, bond) |

Project Information

Project Title: _____

Type of Project (construction, revitalization, purchase of land/equipment, etc.):

Project Allocation: \$ _____ Total Funds Expended to Date: \$ _____

Recipient/Grantee Information

Legal Grantee: _____

Street Address: _____

City, State, Zip Code: _____ Office Phone: _____

Official's Name: _____

City/County/Other _____

Account Number _____

Was applicant a pass-thru agency to third-party recipient? (check one) ☐ yes ☐ no

If yes, please list third-party recipient: _____

Project Status

Please check the months you are reporting on as part of this progress report:

☐ July-Sep ☐ Oct-Dec ☐ Jan-March ☐ April-June

Have all funds allocated for this project been received and expended? ☐ yes ☐ no

If yes, please complete the Project Completion Report and send to the Governor's Office for Local Development

If no, please explain all activities of this project or problems with this project. Make sure to provide an estimated date for completion (REQUIRED):

Financial Information

Total number of previous draws: Total amount of disbursements received to date:

Did you submit a request for disbursement to GOLD during this reporting period? ☐ yes ☐ no

If yes, please list all financial transactions within the quarter:

Payable	Amount	Purpose (equipment, supplies, etc.)
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Is the financial back-up documentation attached for all requests for disbursements submitted to GOLD during this reporting period?

(check one) ☐ yes ☐ no

Certification of Recipient

Name and Title of Chief Executive Officer:

Signature:

 Date:

Name and Title Third Party Recipient:

Signature:

 Date:

FOR GOLD USE ONLY: This Quarterly Progress Report is hereby approved.

GOLD Staff Reviewer:

 Date:

GOLD Authorized Approval:

 Date:
